

Santa Clara County DFCS: RESOURCE PARENT FAQs (FREQUENTLY ASKED QUESTIONS)

What questions can I ask the social worker about the child/youth & family?

It is in the child/youth's best interests that caregivers know about their likes, dislikes, needs, and history in order to ease their transition into a resource family and provide individualized care.

See page #59 of Resource Family Guide for the Quick Guide for Info, which should be disclosed to Caregivers [here](#)

Resource Parents can also use this [Pre-Placement Questionnaire](#) to help gather information about children/youth who are in need of a resource family.

What do I do if the child/youth asks to speak to their parent?

Children/youth have a right to speak to their parents, absent a court order to the contrary, and contact can help minimize their trauma. The Department of Family and Children's Services (DFCS) has the responsibility to follow court-orders and determine how that contact can be safe. Always ask the child/youth's case-carrying Social Worker (or the placement worker) **before** placement if the child/youth can speak to their parents (or anyone else) and if those contacts should be supervised. The child/youth is always permitted to speak with their court-appointed attorney. Resource parents can also speak to Resource Advocacy Support Services (RASS) or Relative/Kinship Support Team (RST) to discuss ways to respond to the child/youth, especially if they continue to ask and/or if they are not permitted contact.

For confidentiality purposes, using an alternative communication method (eg. Google Voice, etc.) and a new email is an option. This would allow you and the child/youth to contact the parent (or anyone else) without the use of your personal phone number.

A comfort call is a phone call facilitated by a social worker between the parent(s), resource parents, and the child/youth. The comfort call can take place before or during the time of placement. The resource parent can ask the parent questions about their child/youth and provide the parent with some information about themselves and their home make-up. Additionally, the child/youth and parent can speak to each other, reducing fears (and trauma) allowing everyone to adjust to the placement.

What is Concurrent Planning?

Children/youth's trauma is compounded when they experience attachment disruptions as a result of experiencing placement with different families. As soon as is possible, children/youth should be with a family that is able to provide them with a permanent home if they are unable to reunify.

Concurrent planning involves identifying and working toward a child/youth's permanency goal (most often, reunification with the birth family) while simultaneously identifying and working on a secondary plan for a permanency.

You will be asked to sign a Concurrent Home Agreement to indicate that you understand reunification is the goal and to say if you are willing to be a “concurrent home,” meaning that you will consider adoption or guardianship of a child/youth if they are unable to reunify with family.

For more information on concurrent planning, please visit DFCS Operational Policies and Procedures: https://www.sccgov.org/sites/ssa/about_us/dfcs/policies/11_adoption/11-1.html

See also page #33 for *Concurrent Planning* in the RFA Guide [here](#)

How do I enroll the child/youth in school?

Children/youth have a right to remain in their school of origin. This should be discussed with the placement worker and/or child/youth’s social worker **before** accepting placement. Additionally, there are transportation funds ([Educational Travel Reimbursement](#)) and other resources to support the child/youth in attending their school of origin. Please contact the child/youth’s social worker for assistance with enrollment in school and transportation resources.

When a child/youth must be enrolled in a new school, the school cannot deny enrollment based on a lack of or missing immunization/school records or birth certificates. You will need a [Placement Agreement SOC 156 \(or ESH Placement Agreement\)](#) to verify that the child/youth has been placed in your home. The [Placement Agreement SOC156](#) can be requested from the placement social worker or the case-carrying social worker.

For unresolved questions or concerns, resource parents can reach out to the case-carrying social worker or the Educational Services Unit at EdSU@ssa.sccgov.org

How do I get educational services for my youth?

Santa Clara County DFCS has an Education Service Unit (EdSU). Please click [here](#) to review the types of supports they can provide.

When children/youth need an assessment for specialized services, the school district starts with a Student Study Team (SST). This begins the assessment process for specialized educational services, which may be provided through an Individualized Education Plan (IEP) or a 504 plan. You can read about the differences [here](#).

For assistance in advocating for educational services, please reach out to the Educational Services Unit at EdSU@ssa.sccgov.org

What if the child/youth is not eligible for MediCal?

All children/youth who are federally eligible and placed in dependent out-of-home care are **eligible** for Full Scope Medi-Cal, though if they have private insurance, that may become their primary insurance. There may also be exceptions when children/youth are placed out of state.

For questions regarding Foster Care Eligibility: Call 408-271-7400
fostercareprocessing@ssa.sccgov.org;

Is there a list of doctors who accept Medi-Cal?

Yes:

Medi-Cal Managed Care Health Plan Directory

<https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx#santaclara>

Dental providers for Santa Clara County:

<http://smilecalifornia.org/find-a-dentist/>

<https://dental.dhcs.ca.gov/find-a-dentist/home>

Does the child/youth already have an assigned doctor or does one need to be identified?

Consult with the social worker to determine who the child/youth's primary care physician is and if it is feasible for the child/youth to remain with that provider.

Health Care Program for Children/Youth in Foster Care (HPCFC) AKA: Child Health and Disability Prevention (CHDP): 408/501-6669.

Where can children be taken afterhours for medical treatment?

Please refer to Important Numbers [here](#) and below

Medical & Mental Health Services

Medical Emergencies	911	-
Poison Control	1(800)222-1222	
Uplift 24 hr. Mobile Crisis Team	(408) 379-9085	-
Provide crisis intervention and mental health stabilization services		
Valley Medical Center (VCM) will see without MediCal	1(888) 334-1000	
Branch Clinics Specializing in Foster Care		
South Valley Clinic, 7475 Camino Arroyo, Gilroy	1(888) 334-1000	
East Valley Clinic, 1993 McKee Road, San Jose	1(888) 334-1000	-
Tully Clinic, 500 Tully Road San Jose	1(888) 334-1000	
Fair Oaks Clinic, 660 S. Fair Oaks Ave. Sunnyvale	1(408) 992-4800	-
Valley Health Center – Gilroy	1(888) 334-1000	
SPARK Clinic		-
777 E. Santa Clara St., 2nd Floor, San Jose, CA	(408) 977-4504	-

What if I live out of county and have a child/youth placed with me, who is a dependent of Santa Clara County? Does that impact their Medi-Cal eligibility?

Regardless of where the dependent child/youth lives in CA, they are eligible for Medi-Cal, when they are federally eligible. First, contact the child's care-carrying social worker to discuss **presumptive transfer**.

Presumptive Transfer is the prompt transfer of the responsibility for providing and paying for specialty mental health services for children and youth in foster care who are placed outside of the county in which they came into care

<https://www.cdss.ca.gov/inforesources/foster-care/presumptive-transfer>

If there are unresolved concerns or questions, call Johan Lahtinen at 408/501-6414 or email him at johan.lahtinen@ssa.sccgov.org

Who do I contact if there are issues with the foster care reimbursements? How long does it take for reimbursements to be issued?

The initial reimbursement can take up to 45 days after placement. On an ongoing basis, the reimbursement for current month will be issued on the 15th of the following month.

For issues with foster care reimbursements - please call the Foster Care Eligibility Main Line at 408-271- 7400 or email fostercareprocessing@ssa.sccgov.org

What is the Level of Care Protocol (LOCP)

The passage of AB 403 (Continuum of Care Reform) necessitated the implementation of a new rate structure. The new Home-Based Family Care (HBFC) rate structure is designed to support children in family settings based upon a core practice approach that uses a Child and Family Team to engage the child/youth and their families (biological and Resource Family).

Four key highlights about the new HBFC rate structure as it applies to Resource Families:

- Age is no longer a sole factor to determine the amount of basic foster care rate.
- With the HBFC structure, the basic rates paid for the care of a child/youth are standardized and there is no longer a distinction between the (HBFC) placement types and the rates paid. The new rate structure applies to Resource Families including FFAs as well as Kinship Guardian Assistance Programs (Kin-GAP), Non-Related Legal Guardians (NRLGs) and Adoption Assistance Program (AAP) homes.
- HBFC's Level of Care (LOC) rate structure is a four-tiered structure based upon the care and supervision provided by the Resource Family to meet the child/youth's needs.
- For those children/youth who require intensive treatment and behavioral supports, as well as children/youth with specialized health care needs and including those previously served under Intensive Treatment Foster Care (ITFC), the Intensive Services Foster Care (ISFC) rate has been established within the HBFC structure.

The Level of Care Protocol, which uses a set of five (5) core domains describing the care needs for the child and the Resource Families level of expected supervision and supports provided to the child/youth, will determine which level within the new HBFC rate structure the Resource Family will receive.

The Level of Care Protocol is an interactive process. A series of tools and assessments are utilized to define the level of care and supervision to meet the child/youth's unique needs. Through this process, the rate that the caregiver will receive, for providing this level of care and supervision, will be determined.

- The Level of Care Matrix
- Resource Family Reporting Tool (Caregivers are highly encouraged to complete)
- State-Approved Assessment Tool [CANS (Child Adolescent Needs and Strengths) or SDM Family/Child Strength and Needs Assessment
- Case Plans
- Behavior Health Screening Form
- Information gathered in a Child and Family Team (CFT) meeting or from members of the child's CFT.
- Medical and Educational records
- Special Care Increment (SCI) rate assessment
- The Social Worker must complete the Level of Care Protocol within 50 days of the triggering event. While the LOC Protocol is in process, the caregiver will receive the Basic Level rate.

What does the Special Funds Unit (SFU) pay for?

The following refers to the eligibility through Special Funds and not any other programs or funding sources at DFCS (for example ILP or KAFPA) or the community at large. Resource parents with youth in wraparound services should speak to the wraparound team first before asking the social worker to request funding from Special Funds.

All SFU assistance should begin with the social worker and the fastest way to get a request for funding started is to contact the case carrying social worker as soon as possible, most requests require 3-5 week for approval/payment. The Special Funds Analysts do not discuss funding with caregivers or clients directly.

Please note that EVERYTHING must be PRE-APPROVED by Special-Funds Analysts before resource parents can be reimbursed for purchases.

This is a County policy and exceptions are only made for medical/dental emergencies (see below). Special Funds always issues a written pre-approval document to the social worker with the intention that this document is forwarded to the caregiver. ***We recommend that the caregiver never make purchases expecting reimbursement unless they have preapproval from a Special Funds Analyst.***

1. RECREATION

- DFCS supplements the monthly foster care reimbursement issued by the Eligibility worker for recreation. Resource parents should continue to support recreation beyond this supplement.
- Recreation varies from year to year depending on availability of funding.
 - In March of each year, the DFCS Director's Office approves funding for the up-coming summer, school year, and graduation.
 - This approval includes two key parameters:

- Maximum number of activities per child/youth (ex: 2 weeks of camp, 2 months of classes, 2 venue season passes), and
- The maximum amount of funding per activity.
- We structure it this way (even though it is a bit confusing) to allow for the most flexibility and to be as fair as possible. For example, if a youth chooses a class that is only \$25 a month compared to another class that is \$300 per month – it would not be reasonable to the youth who wants the more expensive class to only go for 2 months, but the other youth is able to attend year-round.
- Also, we do not just say each youth gets X amount of funding for the same reason – but also because we average much less than the \$300 per activity that we allow. We could never actually afford to spend the maximum allowance on every youth.
- All of our funding sources require that the cost be “reasonable”. One example of a request that was determined to be unreasonable was for \$1500 + airfare for a 4-day horse camp on Catalina Island.

2. BASIC HEALTH and SAFETY (for Relatives & NREFM)

- The State provides a specific fund to support RFA homes with the basic health and safety items they need to be approved for placement. The fund requires that the county support Relatives & NREFM primarily.
 - If this fund runs out, DFCS continues funding using the same parameters, but using other funding sources
- This fund is mostly used for a bed, dresser, car seat and a set of bedding for each child/youth.
 - If the child/youth received these items while on family maintenance with a parent, but the items are no longer available a 2nd set may be purchased with this funding due to the dedicated nature of the funding.
- This fund may be used to subsidize housing if relative/NREFM moves because the location they currently reside is not suitable for placement.
- Depending on the age of the child/youth, pools and bodies of water may need to be covered if required by RFA Written Directives.
- This fund may be used for childcare when the relative/NREFM does not live in a location that Child Development Program (CDP) can cover (at this time this is out-of-state).
- DFCS will support all of these items and clothing for the non-dependent infant of a dependent youth in relative/NREFM care.

3. STATE ID AND DRIVER'S LICENSE FEES

- SFU may provide a DMV certificate for DFCS clients or DFCS/RFA caregivers who meet State criteria for a discounted State ID Card.
- People who are homeless qualify for a “No Fee” ID Card and people who meet other eligibility requirements qualify for a “Reduced Fee” ID Card lowering the cost of the ID to \$9.
- SFU does not fund California State IDs. For youth in out-of-home care, the caregiver is responsible for this cost.
- The DMV certificates may only be used for an ID card, and not for a Driver's License.
 - Here is the link: www.dmv.ca.gov/portal/driver-licenses-identification-cards/licensing-fees/ or www.dmv.ca.gov/portal/driver-licenses-identification-cards/identification-id-cards/

4. IMMIGRATION

- DFCS can assist with immigration-related costs for youth

5. ORTHODONTICS

- Youth in out-of-home care are eligible for Medi-Cal coverage or have private medical/dental insurance. This must be utilized.
- DFCS continues to fund orthodontic care for youth that do not qualify through their insurance coverage. There are minimum qualification guidelines a youth must meet.

6. TRAVEL for NON-RECREATIONAL PURPOSES

- Social workers will contact DFCS Travel Coordinator for travel requests that do not fall under recreation to determine the Department's ability to pay. Requests which are not payable through travel will be referred to Special Funds for review.

****Please see the DFCS TRAVEL COORDINATION/PAYMENT section below.***

7. LOSS or DAMAGE

- DFCS may assist with funding for loss or damage caused by a youth when no other funding sources are available.
- Other funding sources that must be assessed first are:
 - Special Care Increment (SCI) – does the caregiver receive an SCI that covers the behavior or medical condition which caused the loss or damage.
 - Automobile, Renter's or Home Owners Insurance.
 - Liability insurance available through DFCS, SCC's and State
- Depending on the type of loss/damage, the circumstances, the age of the youth, and other factors, the youth may be required to complete community service or use their own funding to pay all or part of the loss/damage.

8. MEDICAL/DENTAL

Special Funds does not cover medical/dental care or prescriptions within California as those services are typically covered under the youth's MediCal or private insurance.

We highly suggest that before a caregiver leaves the medical office with a prescription they ask the staff to check that the prescription provided by the doctor is covered by Medi-Cal, even if this is a long-term renewal. Medications could be covered one month, but no longer covered the next month because the list of Medi-Cal approved medications changes on a monthly basis

- One example of an approvable expense is: A family is on vacation in another State and the dependent child/youth develops an infection requiring a visit to an Urgent Care Center and antibiotics. Since most out-of-state medical providers do not accept Medi-Cal, DFCS would reimburse the caregiver since it was not reasonable to wait until they could return to California to get treatment. Once back in California, the caregiver will need to check with Medi-Cal to see if the costs are reimbursable. If Medi-Cal denies the reimbursement request, the SW may submit a request for Special Funds to reimburse the caregiver.

9. TRANSPORTATION

- To and from visits, case related activities, or court:
 - The monthly foster care reimbursement is intended to cover all in-county transportation.
 - There are times that child/youth must be transported outside of their county of residence. These expenses may be covered by DFCS.

10. FAMILY THERAPY

- DFCS has, on rare occasion, financially supported Family Therapy for a relative/NREFM placement.

11. TUTORING

- Resource parents should consult first with the Education Services Unit (edsu@ssa.sccgov.org) regarding tutoring services. When Educational Services Unit (EdSU) has determined that a youth qualifies for tutoring, and appropriate services are not available through the youth's school district, EdSu will make a referral to SFU for funding. This funding is to meet the short-term needs of the youth, not ongoing usual support with homework and studying.

12. OTHER

- There are numerous other items DFCS/SFU might pay for as a one-time-only expense. The caregiver should have the social worker contact Special Funds.

NOT COVERED BY SFU (these are items we often get questions about)

- Clothing for out-of-home care youth.
 - The monthly foster care reimbursement rate provides for on-going clothing needs.
 - Initial Clothing Allowances (ICA) and Annual Clothing Allowances (ACA) provided by Eligibility are based on eligibility requirements.
 - RFA homes are not eligible for clothing allowances until they receive full RFA approval.
- Food, utilities, and other usual board and care items/activities.
- In-County transportation.

SPECIAL RATES

Some children/youth may have additional needs for care, which may make their placement eligible for special rates determined by the Social Worker and Special Funds.

- Education Travel Reimbursement – A rate added to the monthly foster care rate for transporting a youth to their school of origin.
- Special Care Increment (SCI) – A rate added to the monthly foster care rate for the extra care and supervision a child/youth might need for medical conditions, developmental delays and behavioral conditions. These needs must be identified and documented by a clinician and/or physician.
 - Please note that the California Department of Social Services will be replacing all Specialized Care Increments with the Level of Care Protocol and the new State Special Care Increment matrix.
 - <https://www.cdss.ca.gov/inforesources/cdss-programs/continuum-of-care-reform/level-of-care-and-rates-information>
- Sibling Supplement – for recruited homes only when the home takes placement of a sibling group of 3 or more.

Can I allow the child/youth go to a friend's house?

Can I leave the child/youth home alone if they are old enough?

Reasonable and Prudent Parent Standard

(CDSS Resource Family Approval Written Directives 11-12)

In recognizing the importance for a children/youth in foster care to participate in age-appropriate extracurricular, enrichment, and social activities and in efforts to normalize the lives of children/youth in foster care, the law allows caregivers to use a “prudent parent standard” in determining whether to give permission for a foster child/youth to participate in such activities.

In applying the “Reasonable and Prudent Parent Standard,” Resource Families are required to take “reasonable steps” to determine the appropriateness of the activity in consideration of the child/youth’s age, maturity, and developmental level. Resource parents should gather pertinent information to determine if it is safe for a child/youth to go to a friend’s house, such as meeting the friend’s parents to understand who they are and determine their trustworthiness, safety and ability to keep both children/youth safe.

In the case of youth being left a home alone, resource parents are encouraged to consider the youth’s age, maturity, developmental level, mental health and history when determining if it is safe to leave the youth home alone. Resource parents are encouraged to discuss this decision with the youth’s case-carrying social worker to make this decision jointly.

It is recognized that there are many different ways to determine whether an activity is appropriate for a foster child/youth in your care. Therefore, please visit page #13 of the RFA Handbook [here](#) for examples.

Can the child/youth go on vacation with me?

****Please note current COVID-19 travel restrictions**

<https://www.sccgov.org/sites/covid19/Pages/public-health-orders-faq.aspx>

DFCS is required to follow directives from the County Public Health Department and Federal and State guidelines.

The Reasonable and Prudent Parent Standard allows Resource Families to provide consent or allow “day to day” travel which includes allowing the child/youth to travel outside of the county, but does not include overnight stays.

However, as DFCS is responsible for the safety of children/youth under the supervision of the Department, travel beyond “day to day” requires additional notification and authorization

		Foster Parent May Authorize	Social Worker May Authorize	Court Must Authorize
Day to Day Travel		X		
Overnight stays for 14 days or less outside of County, but within the United States and			X	
	If parents, child and their attorneys are in agreement with travel.		X	
	Child, Parent and/or their attorneys objects.			X
Overnight Stays more than 14 days outside of County, but within the United States				X

Travel outside of the United States			X
Trip/Stay of Any length when any party objects to travel			X

Please see *Traveling with Dependent Children* on page # 23 of the RFA Guide [here](#).

DFCS TRAVEL COORDINATION/PAYMENT

All travel requests must be submitted to the DFCS Travel Coordinator and pre-approved (SCZ414Z) by the DFCS Director prior to the purchase/reimbursement of costs. Any purchases made by the caregivers *prior* to approval are not eligible for payment.

Recreational

Recreational funds may be applied towards the purchase of minor travel transportation tickets (airfare, train, bus). SW may reach out to the DFCS Travel Coordinator to determine recreational funding available.

Caregivers should submit requests for ***pre-approval to the case carrying SW at least 1-2 months prior*** to the date of travel.

If travel is international or to a Santa Clara County identified restricted state, please make request early to allow for additional approval time.

Passports

Passports are not processed as a stand alone request and must accompany an SCZ414Z, International Travel Memo and Expense forms and are subject to pre-authorization by DFCS Directors Office, Social Services Director and the SCC Chief Executive Officer. Passports/travel requests for reimbursements must be pre-authorized for payment.

Non Recreational

Social worker can reach out to the Travel Coordinator for special circumstances. Examples of non-recreational minor travel may include a pre-placement visit, court ordered visit or unexpected emergency travel.

COVID Travel

The following information should be provided to the case carrying SW for children/youth under DFCS' supervision traveling during COVID. (Must be included in SCZ414Z Travel Request)

1. Why is the caregiver traveling now?
2. What are the travel means; car, plane or other public transportation?
3. Where are they traveling to, for how long, and where will they be staying?
4. Why is this travel necessary to the health and well-being of the child/youth if they are unable to stay with another trusted caregiver? Response should indicate that the risk to the child/ youth's and caregiver's physical and emotional health was included in the assessment and final recommendation.

Can my child/youth get on Social Media? what if they are talking to family on social media?

Social Media: Tips for Resource Parents

https://www.childwelfare.gov/pubPDFs/smtips_parent.pdf

While social media has changed the way the world communicates, it has also created privacy and safety concerns. This page discusses the benefits of social media for children and youth in foster care and provides tips for parents and caregivers who want to help youth use social media safely. Advice for social media use by resource parents is also provided. This depends on the age and development of the child/youth and it depends on what the rules are for the other children/youth in the home. They should be monitored as any other child/youth should be monitored (e.g. as you would do with your biological or other children/youth in your home).

Additionally, contact the child/youth's case-carrying social worker and the birth parents about allowing children/youth to be on social media and to make plans for safety.

Please see Reasonable and Prudent Parent Standards FAQ on page # 57 of the RFA Guide [here](#).

Can I post pictures of my children/youth on social media? No, posting the child's picture on social media breaks their confidentiality. Foster children/youth under 18yo are not able to consent to having their pictures posted on social media.

Do I have to allow my child/youth to have and use a cell phone? Electronics?

Under the [foster youth bill of rights](#), foster children/youth have a right to maintain their own property, which in this county includes a cell phone. Resource parents are able to put reasonable limitations on the child/youth's phone usage for safety and wellbeing. If the cell phone is posing a risk to the child/youth in some way (Commercial Sexual Exploitation of Children (CSEC) activity, etc.) a court order can be sought to remove the phone but there is a high bar for that sort of infringement on rights.

Caregivers should discuss the situation with the child/youth's case carrying social worker and/or the child/youth's attorney if their cell phone use poses any risk to themselves and others.

How does my child/youth get mental health services?

How do I get mental health services for my youth?

Pathways to Well-Being (formerly called Katie A. after the class-action lawsuit)

Youth are screened for Behavioral Health (BH) services when they enter the child welfare system, and then again minimally once a year. Youth may also receive a new screening any time there is a change in circumstances such as a new need or request for services identified. Pathways to Well-Being screenings are initiated at the Welcoming Center or by the Behavioral Health Services Department when children are directly placed into resource homes and do not enter the Welcoming Center. The child welfare social worker initiates subsequent screenings and resource parents may request that the social worker initiate a new screening when there is a change in circumstance. If there is a request/need identified for services on the screening, the Behavioral Health Coordinator will make the referral for services either

directly to a provider agency, or for assignment by the Behavioral Health Call Center depending on the level of care needed.

Youth may also be connected to BH services via the placement unit who makes direct linkages to Placement Supportive Services (PSS) or Intensive Stabilization Services (ISS) for immediate stabilization and services. Youth may also be referred to intensive services such as wraparound, Therapeutic Foster Care, or Structured Therapeutic Residential Treatment Program (STRTP) services via the Interagency Placement Committee (IPC).

Please note that legally valid consent must be obtained before services are provided.

How do I get developmental services for my child/youth?

If a child/youth seems not to be meeting developmental milestones, there are services available for assessment and intervention. Resource parents can begin discussing possibilities with the social worker, the Public Health Nurse (PHN), the child/youth's therapist, psychiatrist and/or pediatrician to discuss how to have the child/youth assessed for additional services through First 5, Regional Center (locally San Andreas Regional Center) or Early Start. Parents of children/youth with Developmental Disability may also receive support and access to resources through Parents Helping Parents (PHP). Please see descriptions of these programs below.

Please note that consent from the child/youth's developmental decision maker, in most cases the parent, is needed for a child/youth to obtain developmental services.

All children are assigned a Public Health Nurse (PHN) upon entering the system by the first letter of their last name who can help screen for the need for development assessment and or services. Please see PHN list [here](#).

Public Health Nurses:

- Main Number: (408) 501-6669
- PHNEmail@phd.sccgov.org
- PHNReferrals@phd.sccgov.org

In addition, children 0-5 can be referred to the **First 5 Nurse Visitation program** if there are concerns with the child's development. The PHN will complete assessments to determine the child's need for medical and/or developmental services and will refer to identified services.

https://www.sccgov.org/sites/ssa/about_us/dfcs/policies/04_case/4-8.html

San Andreas Regional Center (SARC)

<https://www.sanandreasregional.org/>

San Andreas Regional Center (SARC) is a community-based, private nonprofit corporation funded by the State of California to serve people with developmental disabilities as required by the Lanterman Developmental Disabilities Act. The Lanterman Act is part of California law that sets out the rights and responsibilities of persons with developmental disabilities. San Andreas is one of 21 regional

centers throughout California and serves individuals and their families who reside within Monterey, San Benito, Santa Clara, and Santa Cruz Counties.

Please note: If youth is placed out of county, services will be provided by another of the 9-different regional centers in California. SARC may assist in connecting you to the respective regional center in that county.

Santa Clara County Early Start Program

<https://www.sccoe.org/depts/students/Pages/earlystart.aspx>

The Santa Clara County Early Start Program (ESP) is a collaborative effort between the San Andreas Regional Center and the Santa Clara County Office of Education, as well as a consortium of other community agencies.

ESP serves children with many disabilities, including developmental delays, hearing impairments, vision impairments, motor impairments, autism, and multiple disabilities. ESP builds upon and provides support and resources to family members and caregivers to enhance children's learning and development through everyday learning opportunities.

The program works to strengthen, support and empower families of diverse backgrounds to understand, enhance and reinforce necessary skills to promote their child's development. Thus, participation by parents or caregivers is fundamental throughout *all* of their program opportunities.

Early Start is a prevention program designed in partnership with Local Education Agencies to serve infants between birth and thirty-six months of age. Infants at risk for developing disabilities, or who are born in high risk medical conditions or who are experiencing delays in development are qualified to receive intervention services geared at maximizing the development of the infant during these early years. Any person, residing in the four county areas, regardless of age, cultural background, or income, believed to have a developmental disability, may receive **diagnostic services** to assess eligibility. To be considered eligible, the disability must have originated before the age of eighteen, be likely to continue indefinitely, and constitute a substantial handicap.

*For referrals to Early Start or SARC please start with the social worker and/or the PHN.

Parents Helping Parents

<https://www.php.com/>

Parents Helping Parents supports, educates, and inspires families and the community to build bright futures for youth and adults with special need.

What if my social worker is unable to call me back?

Recommendations Specific to Resource Parents

Time-Sensitive Communication

When time-sensitive, non-crisis needs or concerns arise (e.g. visitation changes, travel arrangements, pressing school needs), resource parents are advised to use email to communicate with social workers and other DFCS staff. This will initiate and track the process while expediting a response. Additionally, if

the resource parent and social worker have identified text as a good means of communication, the resource parent can also text the social worker to inform them of the need or to get a brief update and should follow up with an email. Refer to the enclosed DFCS Roster or call the DFCS Lobby at 408/501-6300 for contact information:

- **Step 1:** Email child/youth's social worker – indicate in the email when a response is needed by. Give the social worker **at least 24-** business hours to respond. - - **If response is needed sooner or no response within 24 business hours - proceed to Step 2;**
- **Step 2:** Forward the original email to the social worker's supervisor and **include the social worker**, the Resource Family Approval (RFA) Social Worker and Cc your resource family support agency:
 - Resource Advocacy Support Services - **RASS** – Seneca – For recruited resource families,
 - Relative/NREFM Support Team – **RST** - Catholic Charities – For relative or Non-Related Extended Family Members (NREFM) resource families,
 - Kinship Adoptive Foster Parent Association – **KAFPA** - For all resource families with a membership (please note the first year membership fee is waived for all newly approved resource families – when resource family enrolls);
- **Steps 3:** If the matter continues to be unresolved, forward the email chain (making sure to include all other team members), to the supervisor's manager and the RFA Manager (see roster).
***If you do not have access to email, please follow the same steps via phone, taking note of who and when you called each party. Please be sure to leave messages detailing the specific needs you are calling for.**

***If you need immediate assistance during Business Hours-**

San Jose - Call 408-501-6300 & request the Officer Of the Day (OD) for worker's unit. If the case is in Dependency Investigations (DI), call the DI Clerical at 408-501-6400 and ask for a DI manager.

South County – Call 408-758-3440 & request the OD for the worker's unit.

Crisis Support

For crises/emergencies (threats of harm to self or others, threats of running away, severe emotional instability) that need an immediate response, do not wait 24 hours for a response from the social worker. **Use the following resources:**

- Seneca Rapid Response Team – Resource Advocacy Support Services **RASS** – 1-877-529-5720
- Uplift Family Services Mobile Crisis Program 408/379-9085 or toll free 1-877-41-CRISIS
- Alum Rock Mobile Crisis Response & Counseling (MCRC) 408/294-0579
- After Business Hours – Child Abuse & Neglect Center (CANC) – 1-833-722-5437(KIDS)

***In the event of an immediate life-threatening emergency, call 911.**

Please review the Reciprocal Communications Policy [here](#) for guidance on communicating with DFCS. A roster of supervisors and managers can be found [here](#).

The Family Urgent Response System (FURS)

FURS is a statewide hotline as well as local mobile response teams to provide immediate trauma-informed support (either on the phone or in-person) to current and former foster youth and their caregivers.

FURS includes the following services:

- A toll-free hotline available 24 hours a day, 7 days a week staffed with caring counselors trained in conflict resolution and de-escalation techniques for children and youth impacted by trauma.
- County Mobile Response System and Stabilization Teams also available 24 hours a day, 7 days a week.
- In-home de-escalation, stabilization, conflict resolution, and support services and resources.
- Ongoing support services beyond the initial mobile response.
- Hotline and mobile response staff trained in working with children/youth and families who have experienced trauma.

How FURS Will Help and Why It's Important:

1. Provide current and former foster youth and their caregivers with immediate, trauma-informed support when they need it.
2. Prevent placement moves.
3. Preserve the relationship between the child or youth and their caregiver.
4. Provide a trauma-informed alternative for families who previously resorted to calling 911 or law enforcement.
5. Reduce hospitalizations, law enforcement contacts, and placement in out-of-home facilities.
6. Promote healing as a family.
7. Improve retention of current foster caregivers.
8. Promote stability for youth in foster care, including youth in extended foster care.

Both the statewide hotline and local mobile response teams are available 24/7/365.

Telephone Number: 833-939-3877

Website: Cal-FURS.org

Email Address: info@cal-furs.org

Is food assistance available for my youth and me?

Eligibility for assistance will depend on your income and other factors. For more information, please visit The Department of Employment and Benefits Services (DEBS) website [here](#) or call 24-Hour Automated Infoline: 1 (877) 96-BENEFITS or 1 (877) 962-3633 or (408) 758-4600

California Work Opportunity & Responsibility to Kids (CalWORKs)

Cal Fresh - Supplemental Nutrition Assistance Program (SNAP)

Second Harvest

Call 2-1-1 or 211bayarea.org

Are the children/youth eligible for Free/reduced school lunch program?

Yes - Application & directions: [Here](#)

Are there Clothing Resources for my child/youth?

Yes, these are available Clothing Resources:

- KAFPA Clothing closet (408) 501-6365

- The Hub (for youth 16+) (408) 792-1750
- Emergency Gift Card Program (Discuss with placement staff)

The Department of Family and Children’s Services (DFCS) will provide gift card(s) **(one per child/youth)** to facilitate the EMERGENCY placements of children/youth in approved Santa Clara County Resource Family Homes (Relative and Non-Relative Extended Family Members (NREFM), where resources such as clothing, food, or medication might be limited or needed immediately to secure the placement. Please click the link for the definition of “emergency placements,” eligibility and purchasing guidelines.

https://www.sccgov.org/sites/ssa/about_us/dfcs/policies/19_howto/19-11.html

What is respite? (please note this is for county approved resource homes only)

According to California State regulations, Respite Care means temporary care for periods not to exceed 72 hours, and, in order to preserve placement, may be extended up to 14 days in any one month. These services are not provided for the purpose of routine, on-going childcare. The respite care program is available for foster, adopted, guardianship, and birth children/youth under the age of 18 years.

Respite is especially helpful when a resource family needs time to restore their mental and emotional well-being in order to support parenting the child/youth. Contact your child/youth’s social worker and the RASS Respite Coordinator as soon as you know you will need respite so there is adequate time to find a respite provider for you. If you find your own respite provider, let the RASS Respite Coordinator know as soon as you have chosen them to begin the approval process. Preferably, the foster children/youth will be spending respite with a family known to the children/youth or that the child/youth is able to meet and visit with beforehand. A poorly planned respite can cause more stress for everyone involved: foster family, respite provider, and the foster children/youth. Talk to your foster child/youth as soon as you know about any planned respite care. Read more about Santa Clara County’s Respite Care Program by reviewing this Cheat Sheet [here](#). You may also call the Resource Advocacy Support Services (RASS) program through Seneca Family of Agencies. Robin Cairns is the Respite Care Coordinator and can be reached at (408) 529-0113.

Please review Respite Care Guidelines [here](#):
[Respite Care Guidelines April- 2021.pdf \(sccgov.org\)](#)

How many annual training hours do I need for biennial Resource Family Approval and where can I get them?

8 hours annual training required per state guidelines.

Training Resources:

The Quality Parenting Initiative: <http://www.qpicalifornia.org>

Foster Parent College: fosterparentcollege.com- Talk with RFA SW to set up account.

Get on West Valley newsletter distribution list

TITLE IV-E Website <https://t4etrainingcollaborative.org/>

Foster Care and Adoptive Community Training <http://www.fosterparentstest.com>

*This is not an exhaustive list and there are other training resources available. Please note that support groups do not count for approval hours unless they have an educational component that meets the

state requirements. Please ask your RFA worker if a particular training or event will meet the state requirements to count toward the annual recertification.

What should I expect for visitation?

The child/youth will have visits with their siblings, parents, and possibly other approved family members. The child/youth's case carrying social worker is responsible for approving everyone who attends visits. These visits are mandated through a court order and the duration and frequency may vary. When resource parents provide transportation to and from visitation, it supports their relationship with the child/youth and family and reduces anxiety for the children/youth. Thus, resource parents should provide transportation of the child/youth to visits. If it is not feasible, DFCS may provide transportation to and from visitations. Please discuss with your social worker.

How often should a social worker be visiting me or my child/youth?

https://www.sccgov.org/sites/ssa/about_us/dfcs/policies/10_contacts/10-1.html

Social Workers are required to see the child/youth (clients) at least 1 time each calendar month (with the exception of KinGAP and Probate Guardianship cases). **The majority of monthly visits with a child/youth must take place in their home or placement.** Face to face contacts between the Social Worker and the child/youth outside of the home should be the exception, rather than the rule.

NOTE:

- Visits held outside the home or placement facility require that the **contact and the next scheduled court report state:**
 - The reason the visit was held outside the home and the location of the visit
 - ***No more than two (2) consecutive visits held outside the child/youth's placement are allowed.***

*Please note that guidelines around visitation have been temporarily modified due to efforts to minimize the spread of COVID-19. Please inquire regarding latest state guidelines.

- Each visit must include a private discussion with the child/youth outside the presence and immediate vicinity of the caretaker.
 - The contents of the conversation are not to be shared with the caretaker unless the social worker believes the child/youth may be in danger of harming him or herself, or others, and the social worker believes disclosure is necessary to meet the needs of the child/youth or the child/youth consents to disclosure.

Post-adoptive placements are not exempt from this requirement.

*Please note that this is a minimum and more frequent contact may be indicated based on assessments of the child/youth's safety/risk and the need for clinical interventions and support.

Can I go to my child/youth's court hearing?

Yes, resource parents can attend a child/youth's court hearing. Caregivers can also submit information to the court whether they attend the hearing or not. Access the JV 290 [here](#)

What is a De Facto parent?

A **de facto parent** is a person who is the **current or recent caretaker of a child/youth** and who has been found by the court to have assumed, on a day-to-day basis, the role of a parent to the child/youth. This means that the person has been **fulfilling the child's physical and psychological needs for care and affection for a substantial period of time.**

A person who seeks de facto parent status has the burden of proving by a preponderance of the evidence (in other words, proving that it is more probable than not) that he or she meets the criteria for receiving such status.

Whether a person is entitled to receive De Facto Parent status depends on the individual and on the unique circumstances of each case.

- The status of de facto parent does not give a person the same rights and responsibilities as a parent or guardian.
- De facto parents can participate as parties in disposition hearings and any later hearings.
- De facto parents can be represented by a lawyer, and can present evidence.
- De facto parents do not have an absolute right to reunification services, custody, or

Is subsidized childcare available for resource parents?

Resource Parents who work may qualify to receive subsidized childcare through DFCS for children/youth ages 12 and under. Childcare may also be available for youth over 12 years old who qualify based on special needs. Caregivers may email RFchildcare@ssa.sccgov.org or call 408-271-7444.

What is a Child & Family Team & who are the team members?

The Child and Family Team (CFT) is a single, integrated team that could include, but is not limited to:

- a. Youth
- b. Birth Parents
- c. Family members
- d. Non Related Extended Family Members (NREFM)/Natural Supports
- e. Caregivers
- f. Social Worker
- g. Public Health Nurse (PHN)
- h. Court Appointed Special Advocates (CASA)
- i. Therapists
- j. Wraparound Team members
- k. Social workers employed by the parent's or child/youth's attorneys' offices

What is a The Child and Family Team Meeting (CFTM)?

A CFTM allows everyone to come together to address any concerns and develop a plan to meet the needs of the child/youth and family. California now mandates CFTMs be facilitated by DFCS within 60 days of removal and every 6 months thereafter. CFTMs can be held more frequently as needed. **Any team member can request a CFTM.**

The process begins when a child/youth enters foster care. A child welfare social worker or juvenile probation officer engages with a child/youth and their family and uses a variety of strategies to identify other team members, the child/youth's strengths, the child/youth and family's concerns, and a plan to help achieve positive outcomes for safety, permanency, and well-being. This strengths-based approach recognizes that families are experts in their own lives, and they can achieve success when they have an active role in creating and implementing solutions.

The CFT process aligns with recent implementation of the Child and Adolescent Needs and Strengths (CANS) Assessment tool by CDSS and the Department of Health Care Services (DHCS).

The CFT process is key to the success of the Continuum of Care Reform efforts and the well-being of children, youth, and families served by public agencies and their partners. There is an increasing body of evidence showing that services for children/youth and families are most effective when delivered in the context of a single, integrated team. It is based on the belief that children, youth, and families have the capacity to resolve their problems if given sufficient support and resources to help them do so.

[https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notices/CFT_FAQs_A CL16-84_MHSUDIN16-049\(3\).pdf](https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notices/CFT_FAQs_A CL16-84_MHSUDIN16-049(3).pdf)

What is a transition and how to do I support the child/youth and family through one?

A transition is when a child/youth moves from the home of one family to another.

The way children/youth transition from one family to another greatly influences their future relationships and well-being. When mindful transitions occur the potential for trauma is minimized and positive attachment supported.

DFCS policy is to ensure that transition planning is an ongoing discussion with children/youth, birth parents/legal parents or legal guardians (hereinafter referred to as "parents") and resource parents with a focus on progress toward reunification, and/or concurrent planning. The conversation should happen both inside and outside of regularly scheduled Child and Family Team (CFT) meetings. **The first time this discussion happens should NOT be when a transition is imminent.**

When it is known that a transition will take place, social workers are to **prioritize children/youth's emotional and relationship/attachment needs over convenience for the adults involved.**

A transition plan is a collaboration which happens in a meeting with the child/youth and family's team. This meeting could be facilitated by the social worker, a service provider (such as Wraparound or Katie A.) or one facilitated by DFCS. The plan must be created in collaboration with children/youth, birth families and resource families with the support of other team members.

Helping children/youth understand what is happening to them while honoring all relationships and providing for future contact and/or closure is imperative to their emotional

safety and well-being. Early and frequent communication are imperative to minimizing trauma. To minimize trauma communicate plans early and frequently to the children/youth and all other parties involved in the transition.

A transition planning CFT meeting is not likely to happen when the threat of harm to a child/youth is imminent, creating an exigent need to remove a child/youth from their home (whether with parent or resource parent). In those cases, the social worker coordinates with the parties to create an emergency transition plan to minimize the trauma to the child/youth and family. An example activity on such a transitions plan could be facilitating a call between parent and child/youth once the child/youth is at a resource home. A CFTM will be held soon thereafter.

Transition Support Coordinator (TSC)

In order to support meaningful transitions that are trauma sensitive, DFCS consults with the Transition Support Coordinator (TSC) who is a behavioral health clinician and expert on attachment and trauma. The TSC will collaborate with the child/youth's team to create a transition plan that promotes healthy attachments, resiliency, and addresses the effects of trauma for both the youth and the caregiver. The average service time for the Transition Support Coordinator would be 30 days and would include clinical consultation and recommendations for the transition plan, support to Foster Family and child/youth, and service coordination.

Referral Process:

Child/Youth and Caregivers can be referred for Transition Support Services through Behavioral Health by either the assigned case carrying Social Worker or a member of the resource family support team (Kinship Adoptive Foster Parent Association (KAFPA), Seneca's Resource Advocacy Support Services (RASS) or Catholic Charities' Relative Support Team (RST).

What is KAFPA?

The Kinship, Adoptive and Foster Parent Association (KAFPA) of Santa Clara County provides resources and advocates for the needs of kinship, adoptive and foster families in Santa Clara County. Please visit their website [here](#).

What is RASS?

Resource and Advocacy Support Services (RASS) are provided to resource families by contract with Seneca Family of Agencies. They provide support to the resource family and child/youth within business hours Monday – Friday and afterhours and weekends through their RAPID Response Program (1-877-529-5720) by problem solving and connecting families to community services (e.g. Understanding child welfare, issues with Medi-Cal, court hearings, CFTMs, etc.).

See page #35 of the RFA Handbook [here](#) for more information or contact Seneca at rass@senecacenter.org

What is RST?

Relative Support Team (RST) a program is provided through Catholic Charities of Santa Clara County. The program provides support, resources, and guidance to relative and non-relative caregivers to help empower and strengthen them. RST can help provide resources, guidance, and support with your family's needs, the child welfare and dependency court process, communication with Social Services staff, placement of the child/youth, and their educational needs.

RST can also provide assistance during the Permanency Assessment process of RFA. The Resource Specialist can support the family through the application and adoption process. They are available by phone, email, or a home visit.

See page #35 of the RFA Handbook [here](#) Kinship Support Program- Catholic Charities of Santa Clara County.

What am I required to document and maintain?

The caregiver is required to maintain separate, complete, and current records for each child/youth in their home, which includes the placement agreement, educational records, medical/dental records, and case plan. All records of medical, dental, and mental health appointments must be maintained in your child/youth's "Health and Education Passport (HEP)."

Please see page #10 of the RFA Handbook [here](#) for *Maintaining Records for Children/youth and Non-Minor Dependents*.

What do if the child/youth is injured and taken to urgent care or hospitalized?

Please see page #9 of the Resource Family Approval Handbook for Other Reporting Requirements – Unusual Incidents/Injuries [here](#).

A report must be made by telephone or email within 24 hours after the incident. Further, a written Unusual Incident Report must be completed within 7 days of the incident with copies provided to both the child/youth/NMD's social worker and RFA Social Worker. (Resource parents can request a copy of the Unusual Incident Report form from either the RFA Social Worker or the child/youth/NMD's social worker.)

The incidents that require reporting include but are not limited to:

- Death of any child/youth
- Suicide attempt by any child/youth or household member.
- Any injury or illness to any child/youth, which requires medical treatment.
- Any unusual incident or child/youth absence, which threatens the physical or emotional health or safety of any child/youth.
- Child/youth runs away.
- Child/youth is late returning from a visit with a parent/family.
- Any suspected physical or psychological abuse of any child/youth.
- Communicable diseases as reported to the caregiver by a health professional.
- Poisonings.
- Catastrophes.
- Fires or explosions which occur in or on the premises.

- Child/youth is taken into custody by law enforcement officials or stopped by police.
- Child/youth is expelled or reported truant from school.

What is the difference between a complaint and a child abuse/neglect referral?

When the DFCS Child Abuse and Neglect Center (CANC) receives an a call regarding an allegation of suspected child abuse or neglect in a resource home, an Emergency Response (ER) investigation is initiated to determine if it is safe for your child to remain in the home or whether they must be removed from the resource home. A concurrent, and separate, investigation is conducted by an investigating social worker from the Resource Family Approval Program to determine, if there has been a violation of the Written Directives. Whenever possible, the RFA Investigation and ER social worker will coordinate their investigations to avoid the need for multiple interviews.

When a complaint is received, a social worker from the RFA program will conduct an investigation within 10 calendar days of receipt of the complaint. Visits to the home shall be unannounced and the identity of every complainant is confidential and shall not be disclosed. When investigating a complaint, the County may take all reasonable steps to ascertain the validity of the complaint including, but not limited to inspecting the home environment, conducting interviews, obtaining relevant records, making additional unannounced visits, etc. The investigating social worker shall ensure that the Resource Family is aware of their rights and responsibilities during the investigation process, including all appeal rights for any actions which may result. DFCS will make every effort to resolve the complaint within 60 days. Upon completion of the investigation, the County shall notify the Resource Family whether the findings were substantiated, inconclusive, or unfounded. If the complaint is unfounded then it will remain confidential, but if the complaint is substantiated or inconclusive then it will not be confidential.

Please go to page #31 for *Complaints and Investigation Procedures* in the RFA Guide [here](#)

References/Resources:

California Department of Social Services

[Information Resources Guide \(ca.gov\)](#)

Caregiver FAQs:

<https://cdss.ca.gov/inforesources/caregiver-advocacy-network/faq#faq22>

Santa Clara County Department of Family & Children's Services Operation Policies & Procedures

https://www.sccgov.org/sites/ssa/about_us/dfcs/policies/index.html

Santa Clara County Department of Family & Children's Services (DFCS): Summary of CDSS Written Directives & DFCS Policy

<https://www.sccgov.org/sites/ssa/other-services/community/RFA%20Handbook.pdf>

Child Welfare Information Gateway

Childwelfare.gov